PTO/SB/17 (10-08) Approved for use through 09/30/2010. OMB 0651-0032

Under the Paperwork Reduction	on Act of 1995, no	persons are required	to respond to a	collection of info	mation unless it disp	lays a valid OMB control number.	
Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Com		nplete if Known	
				on Number	10/575,597		
FEE TRANSMITTAL				ite	April 13, 2006		
For FY 2009				ned inventor	AUBERT, T.		
				Examiner Name BOY			
Applicant claims small entity status. See 37 CFR 1.27				Art Unit 1764			
TOTAL AMOUNT OF PAYMENT (\$) \$940.00			Attorney	Docket No.	FR-AM1982NP		
METHOD OF PAYMENT (check all that apply)							
☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify):							
X Deposit Account Deposit Account Number: 012717 Deposit Account Name:							
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
X Charge fee(s) Indicated below Charge fee(s) Indicated below, except for the filling fee							
X Charge any additional fee(s) or underpayments of fee(s) X Credit any overpayments under 37 CFR 1.16 and 1.17							
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card							
Information and authorization on PTO-2038.							
FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
FILING FEES SEARCH FEES EXAMINATION FEE Small Entity Small Entity Small Entity							
Application Type	Fee_(\$)		e (\$) Fee		e (\$) Fee (\$)	Fees Paid (\$)	
Utility	330	165	540 27	0 2	20 110		
Design	220	110	100 50	) 1	40 70		
Plant	220	110	330 16	5 1	70 85		
Reissue	330	165	540 27	0 6	50 325		
Provisional	220	110	0 0		0 0		
2. EXCESS CLAIM FEES	3					Small Entity	
Each claim over 20 (in Each independent clair					52 220	26 110	
Multiple dependent cla		uning reclasues)			390	195	
	Extra Claims	Fee (\$)	Fee Paid (S	<b>i</b> )		Dependent Claims	
- 20 or HP = HP = highest number of total	<u> </u>				Fee (\$)	Fee Paid (\$)	
	Extra Claims	Fee (\$)	Fee Paid (S	(3	***		
-3 or HP =	>			<del>-</del>			
HP = highest number of Indep		for, if greater than 3.				l	
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50							
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)							
- 100 = /50 = (round up to a whole number) x =							
4. OTHER FEE(S) Fees Paid (\$)							
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): One (1) Mo. Extension of Time; Request for Cont. Exam. (RCE)							
SUBMITTED BY							

Bord Registration No. (Attorney/Agent) 31000 **--**0 Telephone 610-205-7270 Signature Date July 07, 2011 Name (Print/Type) Steven D. Boyd

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments including gatheries, preparing, and submitting the completed application forth man to UPU. In the wast registering upon an embedding and on the amount of the you require the complete of Commerce, P.O. Box 1480, Alexandris, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1480, Alexandris, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1480, Alexandris, VA 22313-1450.

If you need assistance in completing the form, and 1-800-PTO-9199 and select option 2.